

# The new GMS contract explained

## Focus on.... The role of LMCs

**\*\*\*Updated February 2004\*\*\***

This guidance has been produced by the General Practitioners Committee to help GPs and Local Medical Committees by explaining LMCs' role under the new GMS contract. It is one in a series of GPC guidance notes on the new contract.

Although there may be some differences in process in each of the four countries of the UK, the principles of this guidance note apply to all.

### Contract Documentation

We would advise all GPs to read the contract document and supporting documentation, available on the BMA website at [www.bma.org.uk](http://www.bma.org.uk). The GMS contract regulations, a draft standard contract and the draft Statement of Financial Entitlements (SFE) are also available on the website together with detailed guidance about the new contract from the Department of Health. While many doctors may not wish to read every word of the documentation we would suggest that LMCs and practice managers, at the very least, should become fully familiar with each document. The GPC has also produced a list of frequently asked questions and answers which can also be found on the BMA website.

The Department has also produced guidance for PMS practices which LMCs may wish to become familiar with. It is also available on the BMA website.

LMCs will play a key role in the local implementation of GMS2, supporting practices and engaging with PCOs. This role will be analogous to, but more wide-ranging than, that under the current contract. We have previously issued separate guidance on specific aspects of the new contract that will not be repeated here.

In Scotland, the functions and roles pertaining to LMCs in this paper will apply instead to the GP Sub-committee of the Area Medical Committee. The Scottish Executive Health Department will instruct Health Boards that appropriate resources and funds should be made available to fully support the work of GP Sub-committees in this vital work.

## GPC

General Practitioners  
Committee

## Getting started

Annex 1 sets out the sections of the contract document, *Investing in General Practice*, the Department of Health's guidance, *Delivering Investment in General Practice: Implementing the New GMS Contract*, the GMS Contracts Regulations 2004 and Statement of Financial Entitlements (SFE) which specifically refer to LMCs. This is in addition to the existing responsibilities of LMCs as set out in the GPC guidance note *The Work of LMCs in England & Wales* which is available on the GPC's website. The statutory provisions listed in this document will continue under the Health and Social Care Bill currently before the Westminster Parliament, but be subject to considerable revision.

## The GPC & LMCs

As the implementation of GMS2 continues, LMCs are best placed to inform the GPC of any local divergence from the national agreement made with the NHS Confederation (NHSC).

The GPC and NHS Confederation have published a protocol for the handling of implementation problems that arise at local level. It is published in Annex E of the Department of Health's guidance *Delivering Investment in General Practice: Implementing the New GMS Contract*. It is hoped that the protocol will help deal with misinterpretations of the contract and manage rumour. This protocol suggests that "wherever possible, solutions should be sought at local level. This avenue should be exhausted before other interventions are instigated." The role of LMCs is vital in this regard, however "if a problem cannot be resolved at local level, the LMC, practice or GP should write to the GPC setting out the problem. The GPC will then take it to the relevant country's Implementation Co-ordination Group, which includes a GPC representative."

Therefore, in the event that a problem occurs, it is desirable that every attempt be made to resolve this locally between the practice or LMC and PCO, if necessary utilising the Strategic Health Authority, or its equivalent. The LMC should be involved in this process as appropriate.

In the event of an unsatisfactory resolution at local level, the GPC will raise issues with the NHS Confederation or the relevant Department of Health. This will require the submission of appropriate evidence, usually in writing.

In Scotland, Wales and Northern Ireland, the national GPC secretariat can raise issues at the regular meetings with the devolved administrations or the Northern Ireland Office.

## PCOs & LMCs

In England, all Strategic Health Authorities have identified a member of staff to lead on GMS2 implementation (Annex 2) and they are responsible for performance managing PCTs. PCTs should now have in place implementation apparatus with LMC representation.

A number of LMCs have appointed dedicated PCO liaison managers to develop better communication with LMCs and these are often experienced former PCO Primary Care Development Managers. Others have strengthened their existing liaison mechanisms.

# GPC

General Practitioners  
Committee

It has become clear through discussions that the NHS Confederation has had with PCOs that they would welcome examples of how their colleagues are tackling some of the challenges presented by the new GMS contract. They are therefore collecting examples of good practice in the commissioning of enhanced services and in the innovative re-provision of out of hours and will be producing a briefing as part of their wider programme of support to NHS Confederation members.

If there are examples in your locality where the commissioning process has gone well, or if you are aware of innovative planning for the re-provision of ooh, please contact Carolyn Jones as soon as possible at the NHS Confederation on 020 7959 7231 or [carolyn.jones@nhsconfed.org](mailto:carolyn.jones@nhsconfed.org).

It would be valuable for LMCs to send GPC-produced guidance notes to their PCOs. This would hopefully aid understanding between LMCs and PCOs and prevent misinformation being disseminated locally.

## Scotland, Wales & Northern Ireland

Separate implementation arrangements have been established by the Scottish Executive Health Department, National Assembly for Wales and Northern Ireland Department of Health, Social Services and Public Safety. The details of the relevant implementation leads and structures in Scotland, Wales and Northern Ireland can be found in annex 3. If you have specific queries pertaining to these, please contact the relevant GPC secretariat in the National BMA offices in the first instance:

SGPC	Carrie Young	<a href="mailto:cyoung@bma.org.uk">cyoung@bma.org.uk</a>
GPC Wales	Sarah Ellmes	<a href="mailto:sellmes@bma.org.uk">sellmes@bma.org.uk</a>
Northern Ireland GPC	Zoe Collins	<a href="mailto:zcollins@bma.org.uk">zcollins@bma.org.uk</a>

## LMCs & BMA Regional Offices

There are aspects of the new GMS contract and its implementation that will impinge on the services provided by BMA Regional Offices – for example, in the areas of premises, vacancies and practice splits, practice assignment and choice of practice, partnership agreements and strengthening liaison with practice managers. In view of the professional advice available to individual GPs, it is important for there to be good liaison and communication between LMCs and local BMA offices. A number of LMCs have established regular meetings with their local BMA Industrial Relations Officer(s) and we would encourage others, that have not yet done so, to do the same.

We have recently confirmed that GPs who are BMA members can seek advice from their local BMA office before signing their new contract with the PCO.

## LMCs & Practices

In order for practices to maximise their performance and derive the greatest benefit from the new contract, it is vital that practice managers are in receipt of the most up-to-date information on implementation.

Establishing or strengthening liaison with practice managers and practice manager groups will be crucial to successful local implementation. Sharing best practice and arranging visits to well-organised surgeries would be a way to facilitate this.

If there is a particular practice, or practices, in your area which require additional support some PCOs offer Practice Manager Mentoring Schemes for “priority practices”. These involve targeted packages of support which allow for managers to meet with experienced colleagues who can offer tried and tested solutions to common issues which regularly arise in general practice.

## Practices & IT

### Data Migration – Practice IT Systems

The Joint GP IT subcommittee is undertaking some research on data migration i.e. the transfer of patient data during a system change or upgrade. We will be seeking the help of practices to help tackle this important issue by completing a data migration experience questionnaire, which was sent to LMCs at the end of January. The information we receive will help inform our discussions with the NHS National Programme for IT. We would encourage as many practices as possible to complete it.

## Other key LMC implementation points

There is a need to give the profession accurate information in digestible chunks. While the GPC will continue to produce guidance notes and web updates, some LMCs have been writing to their constituents about the latest contract developments. LMCs are invaluable in their role of communicating with and educating their constituents

Most LMCs participate in discussions on the LMC listserver. This is an excellent forum to share information.

## Further information/Resources

### BMA Website

The contract documentation and all GPC guidance can be found on the new contract area of the GPC section of the BMA website, [www.bma.org.uk](http://www.bma.org.uk)

We have produced a *Focus On...how to access information* on the new contract and this can be found on our website at <http://www.bma.org.uk/ap.nsf/Content/focusoninfo0204>

We will be providing further guidance in the future, in addition to *The new GMS Contract Explained Focus on...* series, which already provides greater detail on the following aspects of the contract:

# GPC

General Practitioners  
Committee

- Focus on how to access information
- Focus on indicative practice budgets
- Focus on choice of nationally accredited systems
- Focus on health service body status
- Focus on enhanced services, 2nd update
- Focus on personal medical services
- Focus on preparing for implementation
- Focus on practice premises
- Focus on funding for Information Management & Technology, 2nd update
- Focus on quality payments
- Focus on the role of LMCs 2nd update
- Focus on funding for the new GMS contract
- Focus on funding for information management & technology
- Focus on the quality & outcomes framework
- Focus on the nature of the contract & partnerships
- Focus on out of hours

# GPC

General Practitioners  
Committee

GMS2 Update newsletters were sent to LMCs containing information on contract implementation dated:

2003

- 25 July
- 11 August
- 1 October
- 24 October
- 11 November
- 8 December

2004

- 3 February 04
- 19 February 04

NatPaCT (National Primary & Care Trust Development Programme)

NatPaCT is part of the NHS Modernisation Agency and has a website with information for PCTs in England with guidance concerning the new GMS contract and changes to PMS. Its website address is as follows: <http://www.natpact.nhs.uk/>

- A Reference to Investing in General Practice
- B Reference in Delivering Investment in General Practice – Implementing the new GMS contract
- C Reference in the National Health Service (General Medical Services Contracts) Regulations 2004
- D Reference in draft Statement of Financial Entitlements

Where the term "LMC" is used in this document this should also be taken to mean any equivalent body.

Heading	Responsibility	A	B	C	D	Function
Service provision	<ul style="list-style-type: none"> <li>• if PCOs propose to become large-scale providers of primary medical services they are expected to discuss this first with the LMC</li> </ul>		2.10			Consultation
	<ul style="list-style-type: none"> <li>• the PCT must involve and consult LMCs about the planning of the provision of services, the development and consideration of proposals for changes in the way those services are provided, and decisions affecting the operation of those services</li> </ul>	2.40, 7.57 and 2.41	2.11(iv)			Consultation
	<ul style="list-style-type: none"> <li>• the PCT should consult with the LMC when making commissioning decisions about securing primary medical services in "brownfield" sites</li> </ul>	2.16				Consultation
Enhanced services	<ul style="list-style-type: none"> <li>• the PCT should discuss the planned spend against the local enhanced services spending floor from 2004/05 with the LMC</li> </ul>		5.29			Consultation
	<ul style="list-style-type: none"> <li>• PCOs should agree the definition of enhanced services with LMCs for inclusion in the definition of those appropriate to be included in the local floor</li> </ul>		2.80			Consultation
	<ul style="list-style-type: none"> <li>• PCOs should inform LMCs about proposed commissioning arrangements for enhanced services</li> </ul>	7.57				Information
	<ul style="list-style-type: none"> <li>• PCOs are required to consult constituent practices, LMCs and patient forums about the level of investment they propose to make</li> </ul>	5.10				Consultation
List closure and Representation patient assignment	<ul style="list-style-type: none"> <li>• in relation to local discussion of enhanced services developed for local needs, the PCO or practice can ask for LMC support</li> </ul>	2.15(iii)				Involvement / Support
	<ul style="list-style-type: none"> <li>• an LMC representative from a neighbouring LMC should sit on the assessment panel which considers rejected closure notices and proposals about assigning patients to contractors with closed lists</li> </ul>	6.17	Table 2	31(5)(c)		
	<ul style="list-style-type: none"> <li>• the PCT should notify the LMC of areas where lists have been closed and those practices which may be affected by the assessment panel's determination about assigning patients to contractors with closed lists</li> </ul>		Table 3	35(4)(c)		Information

# GPC

General Practitioners  
Committee

Quality and Outcomes – Recording and reviewing arrangements	<ul style="list-style-type: none"> <li>• either contractors or PCTs are able to involve the LMC in the practice’s annual QOF review if they wish</li> <li>• in the event of data accuracy being questioned during a QOF review visit and remedial action not having taken place to the satisfaction of the PCT, the PCT could rescore the practice’s achievement points, following consultation with the LMC</li> <li>• if a PCT has evidence which shows that a contractor has been systematically and inappropriately referring patients to secondary care in order to maximise quality achievement points, the PCT could rescore the achievement points calculation, again in consultation with the LMC</li> </ul>	3.38(i)	3.42(ii)  3.68(i)  3.68(ii)	Sch6 Pt5 80(3)		Involvement /Support Consultation/Representation  Consultation /Representation
Human Resources	<ul style="list-style-type: none"> <li>• PCTs will be under a new legal obligation from 1 April 2004 to develop and seek to agree with the LMC a policy for locum cover and payment arrangements</li> <li>• LMCs can arrange a medical examination of a GP where the contractor and PCT are concerned that the GP is incapable of adequately providing services under the contract, with the agreement of the GP concerned</li> <li>• The LMC can consider the medical report referred to above and provide a written report to the contractor and PCT</li> </ul>			4.15 (iv), Table 13/14 Pt 6 27(1)  Pt 6 27(2)	21.16	Consultation  Involvement/Support/Consultation
Out-of-Hours	<ul style="list-style-type: none"> <li>• PCTs must consult LMCs before refusing to grant approval of a proposal for out-of-hours arrangements</li> <li>• Apart from an immediate withdrawal of approval of out-of-hours arrangements, a PCT cannot withdraw approval without consulting the LMC</li> <li>• The PCT must notify the LMC if it decides to withdraw approval for out-of-hours services immediately</li> <li>• If the PCT immediately withdraws its support for an out-of-hours service, in the interest of contractors and patients, it must notify the LMC</li> </ul>			Sch7 2(3)(h)  4(4)  4(5)  6(4)		Consultation  Consultation  Notification  Notification

# GPC

General Practitioners  
Committee

Contracts	<ul style="list-style-type: none"> <li>• PCOs should inform LMCs about               <ul style="list-style-type: none"> <li>• local variations to practice contracts</li> <li>• establishment of new practices</li> <li>• breaches or failures of the practice contract</li> <li>• LMC representative involved in the contract review at the discretion of the PCO or practice</li> </ul> </li> <li>• a PCT may serve notice terminating the contract immediately if the contractor no longer satisfies the contractor conditions. If the contractor changes so that it no longer includes a medical practitioner on the General Practitioner Register and the medical practitioner was part of a partnership and the loss of the medical practitioner was sudden, the PCT may allow the contract to continue for up to six months. In this case the PCT must immediately consult with the LMC               <ul style="list-style-type: none"> <li>• if a PCT considers that the change in a partnership is such that it is likely to have serious impact on the ability of the contractor or the PCT to perform its obligations under the contract it may serve notice terminating the contract. Where practical any such notice should follow consultation with the LMC (or a notification to the LMC where this is not practical)</li> <li>• a change in the structure of partnership may be sudden and/or acrimonious. In these circumstances the PCT may be unable to determine which of the remaining partners has a right to retain the GMS contract. In these circumstances a PCT may serve notice terminating the contract. Where practical any such notice should follow consultation with the LMC (or a notification to the LMC where this is not practical)</li> <li>• PCTs should consult with the LMC before refusing a permanent contract to the holder of a temporary contract</li> <li>• a PCT can issue a breach notice or a remedial notice where it believes that a contractor is in default of its obligations under its contract. The LMC should be consulted before such notice is given</li> <li>• a PCT or practice may invite the LMC to be involved in discussion on how a contract breach or failure should be resolved</li> <li>• LMCs can be invited to participate in the negotiations on temporary contracts</li> </ul> </li> </ul>	7.57		Sch6 pt8 120 (1)(2)	Information
		7.26		Sch6 pt5 81(3)	Involvement /Support
			6.42(i)	Sch6 pt8 111(4)	Consultation
			6.43(i)	Sch6 pt8 120(1)(2)	Consultation /Information
			6.43(ii)	Sch6 pt8 120(1)(2)	Consultation /Information
			6.46(i)	Sch6 pt8 120(1)(2)	Consultation
		7.31	6.51		Consultation
		7.29		Sch6 pt8 120(1)(2)  Part 5 14(3)	Involvement /Support

# GPC

General Practitioners  
Committee

Dispute resolution and appeals	<ul style="list-style-type: none"> <li>• conciliation during dispute resolution – PCO or practice can request the presence and assistance of the LMC</li> <li>• local resolution of non-contractual issues (Level 1 appeals) – PCO local review panels can include an LMC appointed member</li> </ul>	7.43 7.54			21.14	Involvement/ Support Represent -ation
Premises	<ul style="list-style-type: none"> <li>• branch surgery standards – if shortcomings highlighted by PCO visit, the LMC should be consulted</li> <li>• minimum quality standards – PCO visits to include LMC representative</li> </ul>	4.58 4.52		Sch6 pt5 89(3)		Consultation  Represent -ation
Vacancies and practice splits	<ul style="list-style-type: none"> <li>• PCOs should inform LMCs about practice splits</li> <li>• LMC to be consulted on process of arranging contracts: <ul style="list-style-type: none"> <li>• for individual GPs following practice splits</li> <li>• following the retirement of a single-handed practitioner</li> <li>• required because of significant population increases (greenfield sites)</li> </ul> </li> </ul>	7.57 7.18 – 7.20				Information Consultation
Appraisal	<ul style="list-style-type: none"> <li>• A PCT shall provide an appraisal system after consultation with the LMC</li> </ul>	4.12		Sch6 pt4 68(2)		Discussion
Remote and rural	<ul style="list-style-type: none"> <li>• where twinning is feasible, and supported by the LMC, the PCO will do its utmost to support implementation</li> </ul>	4.23(vi)				Involvement/ Support
LMCs	<ul style="list-style-type: none"> <li>• the existing arrangements for the recognition and financial support of LMCs will continue under the new contract</li> <li>• definition of LMCs</li> <li>• Function of LMCs</li> </ul>	7.58		Pt1 2(1) Pt6 27(1)(3)		Recognition/ Financial support Definition

# GPC

General Practitioners  
Committee

## Annex 2

### English SHA leads

#### SHA

Avon, Gloucestershire and Wiltshire  
Bedfordshire and Hertfordshire  
Birmingham and the Black Country  
Cheshire and Merseyside  
County Durham and Tees Valley  
Cumbria and Lancashire  
Dorset and Somerset  
Essex  
Greater Manchester  
Greater Manchester:  
Hampshire and Isle Of Wight:  
Kent and Medway  
Leicestershire, Northamptonshire and Rutland  
Norfolk, Suffolk and Cambridgeshire  
North Central London  
North East London  
North and East Yorkshire and Northern Lincolnshire  
North and East Yorkshire and Northern Lincolnshire  
North West London  
Northumberland, Tyne and Wear  
South East London  
South West London  
South Yorkshire  
Shropshire and Staffordshire  
Surrey and Sussex  
South West Peninsula  
Thames Valley  
Trent  
West Midlands South  
West Yorkshire

#### Name

Jane Rennie  
Elaine Askew  
Dr Tony Snell  
Peter Lear  
Dr Ian Ruffett  
Pearse Butler  
John Cape  
Stephen Welfare  
Mandy Wearne  
Phil Goldrick  
Denis Gibson  
Nicola Anderson  
Dave Knight  
Gary Theobald  
Nic Greenfield  
Stephen Langford  
Dr Gavin McBurnie  
Helen Smith  
Geraint Davies  
Ian Spencer  
Eleanor Brown  
Neil Roberts  
Annette Laban  
Robert Bott  
John Schick  
Anthony Farnsworth  
Celia Cohen  
Jill Matthews  
Gary Crellin  
Graham Saunders

#### Telephone

01249 858 566  
01727 792 846  
0121 695 2323  
01925 406 000  
01642 666 784  
01772 647 197  
01935 384 017  
01277 755 257  
0161 237 2670  
0161 237 2764  
01962 893 739  
01622 713 075  
0116 295 7552  
01223 597 617  
020 7756 2652  
020 7655 6600  
01904 435 194  
01904 420 320  
0207 756 2644  
0191 256 3298  
020 7716 7045  
020 8545 6013  
0114 282 368  
01785 252 233  
01293 778 801  
01392 207 476  
01865 336 919  
0115 968 4444  
01527 587 500  
0113 295 2029

#### E-Mail

jane.rennie@agwsha.nhs.uk  
elaine.askew@bedsandherts-ha.nhs.uk  
tony.snell@bbcha.nhs.uk  
peter.lear@cmha.nhs.uk  
ian.ruffett@cdrvha.nhs.uk  
pearse.butler@clha.nhs.uk  
john.cape@dsha.nhs.uk  
stephen.welfare@essex.nhs.uk  
mandy.wearne@gmsha.nhs.uk  
phil.goldrick@gmsha.nhs.uk  
denis.gibson@hants-wdc.co.uk  
nicola.anderson@kentmedway.nhs.uk  
dave.knight@lnrwdc.nhs.uk  
gary.theobald@nscstha.nhs.uk  
nic.greenfield@nclwdc.nhs.uk  
stephen.langford@nelondon.nhs.uk  
gavin.mcburnie@neynlha.nhs.uk  
helen.smith@neynlwdc.nhs.uk  
geraint.davies@nwlha.nhs.uk  
ian.spencer@ntwha.nhs.uk  
eleanor.brown@selondon.nhs.uk  
neil.roberts@swlha.nhs.uk  
annette.laban@sysha.nhs.uk  
robert.bott@sasha.nhs.uk  
john.schick@sysxha.nhs.uk  
anthony.farnsworth@swpsha.nhs.uk  
celia.cohen@tvha.nhs.uk  
jill.matthews@tsha.nhs.uk  
gary.crellin@wmsha.nhs.uk  
graham.saunders@westyorks.nhs.uk

## Scotland

## Annex 3

### Mr John Turner

The Director of Pay Modernisation, Forth Valley Trust Headquarters, Old Denny road, Larbert FK5 4SD  
Telephone: 01324 404273 Fax: 01324 562367 E-mail: john.turner@fvpc.scot.nhs.uk

### David Morton

Medical Director, Lomond & Argyll Primary Care Trust, Argyll and Clyde, Trust Headquarters, Aros,  
Blarbuie Road, Lochgilphead, Argyll  
Telephone: 01389 604 510 Fax: 01389 604 546 E-mail: David.Morton@aandb.scot.nhs.uk

### Paul Ardin

Director of Corporate Services & Information, Ayrshire & Arran Primary Care Trust, Eglinton House, P.O. Box 13  
Ailsa Hospital, Dalmellington Road, AYR, KA6 6AB  
Telephone: 01292 513600 Fax: 01292 513655 E-mail: paul.ardin@aapct.scot.nhs.uk

### Ross Cameron

Medical Director, Borders General Hospital, Melrose, TD6 9BS  
Telephone: 01896 825214 Fax: 01896 823410 E-mail: ross.cameron@borders.scot.nhs.uk

### Angus Cameron

Medical Director, Dumfries & Galloway Primary Care Trust, Crichton Royal Hospital, Bankhead Road,  
Dumfries, DG1 4TG  
Telephone: 01387 244001 E-mail: acameron@dgprimarycare.scot.nhs.uk

### Dr Andrew Kilpatrick

LHCC chair, Fife Primary Care NHS Trust, 16 Victoria Street, Newport-on-tay, Fife  
Telephone: +44 01382 543 251 Fax: +44 01382 552 996 E-mail: andrew.kilpatrick@gp21609.fifehb.scot.nhs.uk

### Dr Gareth Davies

Medical Director  
Tel: 01324 562464  
Forth Valley Primary Care Trust, Trust HQ, RSNH, Old Denny Road, LARBERT, FK5 4SD  
Telephone: 01324 404041 Fax: 01324 563552 E-mail: gareth.davies@fvpc.scot.nhs.uk

### Dr Ian Wallace

Medical Director, Greater Glasgow Primary Care NHS Trust, Trust Headquarters, Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow  
Telephone: +44 0141 211 3839 Fax: +44 0141 211 3971 E-mail: iain.wallace@gartnavel.gla.comen.scot.nhs.uk

# GPC

General Practitioners  
Committee

## **.Dr Martin McCrone**

Grampian Primary Care NHS Trust, Bellfield, Banchory, Kincardineshire  
Telephone: +44 (01330) 826 294 Fax: +44 (01330) 825 265  
E-mail: martin.mccrone@banchory.grampian.scot.nhs.uk

## **Richard Carey**

Chief Executive, Highland Acute Hospital NHS Trust, Raigmore Hospital, Old Perth Road, Inverness, IV2 3UJ  
Telephone: 01463 705149 Fax: 01463 711322 E-mail: richard.carey@raigmore.scot.nhs.uk

## **Dr Shiona E R Mackie**

Medical Director, Lanarkshire Primary Care Trust, Strathclyde Hospital, Airbles Road, MOTHERWELL, ML1 3BW  
Telephone: 01698 245014 Lynn Fax: 01698 245007 Email: lynn.perkins@lanpct.scot.nhs.uk

## **David Bolton**

Primary & Community Service Development Director, Lothian Primary Care Trust, Trust Headquarters,  
St Roque, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh, EH9 2HL.  
Telephone: 0131-537 9521 Fax: 0131 537 9500 E-mail: david.bolton@lpct.scot.nhs.uk

## **Alex Clark**

Assistant Director of Medical Services, Orkney NHS Board, Garden House, New Scapa Road, Kirkwall, Orkney  
Telephone: 01856 885 466 Fax: 01856 885 411 E-mail: alex.clark@orkney-hb.scot.nhs.uk

## **Mr Michael Johnson**

LHCC Manager, Shetland Health Board, Brevik House, South Road, Lerwick, Shetland  
Telephone: +44 01595 743 087 Fax: +44 01595 696727 E-mail: michael.johnson@shb.shetland.scot.nhs.uk

## **Harry Leadbitter**

Director of Primary Care, Tayside Primary Care Trust, Trust HQ, Ashludie Hospital, Monifieth, ANGUS, DD5 4HQ  
Telephone: 01382 527896 Fax: 01382 527875 E-mail: harry.leadbitter@tpct.scot.nhs.uk

## **Dr Brian Michie**

LHCC Chair, Western Isles NHS Board, 37 South Beach Street, STORNOWAY, Isle of Lewis, HS1 2BB  
Telephone: 01851 703145 Fax: 01851 706138 E-mail: brian.michie@gp90031.w-isles-hb.scot.nhs.uk

# GPC

General Practitioners  
Committee

## Wales

### Dyfed Powys

Ceredigion LHB – Sue Hurds  
Pembroke LHB – Stuart Moncur  
Carmarthenshire LHB – Karen Preece  
Powys LHB – Andrew Powell

### Bro Taf

Cardiff LHB – Dr Hadyn Mayo, Medical Director  
Vale LHB – Dr Richard Quirke, Medical Director  
Merthyr and Rhondda Cynon Taff LHB – Dr Anne Evans, Medical Director

### Iechyd Morgannwg

Swansea LHB – Jack Straw (Chief Executive) and Dorothy Edwards (Deputy Chief Executive) & Dr Peter Edwards (Medical Director)  
Neath Port Talbot LHB – Katie Norton (Chief Executive), Hilary Allman and Maxine Evans & Dr Bryn John (Medical Director)  
Bridgend – Kay Howells (Chief Executive) and Pat Tamplin (Primary Care Development Manager) & Dr Bridget Kirsop (Medical Director)

### Gwent

Blaenau Gwent – Joanne Absalom, Dr Chris Beech  
Caerphilly – Judith Paget, Dr Brendan Boyland  
Monmouthshire – Alan Coffey, Dr Rob Alliot,  
Newport – Kate Watkins, Dr Norman Mills/Dr Liam Taylor  
Torfaen – John Skinner, Dr Kay Richmond

# GPC

General Practitioners  
Committee

## Northern Ireland

### **EHSSB**

Stanton Adair, Director of Primary Care, Eastern Health and Social Services Board, 12-22 Linenhall Street,  
Belfast, BT2 8BS  
sadair@ehssb.n-i.nhs.uk  
028 90553797

### **WHSSB**

Eugene Gallagher, Director of Primary Care, Western Health and Social Services Board, 15 Gransha Park,  
Clooney Road, Londonderry, BT47 1TG  
ecurry@whssb.n-i.nhs.uk  
028 71860086

### **SHSSB**

Eddie Ritson, Director of Primary Care, Southern Health and Social Services Board, Tower Hill, Armagh, BT61 9DR  
+44 (3741) 4572  
eddie@shssb.n-i.nhs.uk

### **NHSSB**

Drew Boyd, Director of Primary Care, Northern Health and Social Services Board, 182 Galgorm Road,  
Ballymena, BT42 1QB  
drew.boyd@nhssb.n-i.nhs.uk  
028 2565 3333 Extn: 67633